

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022387

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318
FILED MAY 17 1963

Primary Registration District No.

1003

Registrar's No.

5072

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS (If outside, give location) 911 CHOUTEAU AVE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last AUGUST S WEBBE		4. DATE OF DEATH Month Day Year MAY 8, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 13 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CITY EMPLOYEE		11. BIRTHPLACE (City and state or country) MO	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CORKIS WEBBE		13b. MOTHER'S MAIDEN NAME LOUISE UNIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) NO		17. INFORMANT Address 106 JOSEPH S. WEBBE 911 CHOUTEAU AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gangrenous Large Intestine DUE TO (c) Inferior Vena Cava Thrombosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Sigmoid Colon			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 153.3	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5/6/63 to 5/8/63 and last saw her alive on 5/8/63 Death occurred at 12:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Owen Holm M.D.		22b. ADDRESS 1515 LA FAYETTE AVE	
22c. DATE SIGNED 5/8/63		23. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 11, 1963	
23c. LOCATION (City, town, or county) ST. LOUIS MO.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Thomas Kutia 2906 GRAVOIS		25. DATE RECD. BY LOCAL REG. MAY 10 1963	
26. REGISTRAR'S SIGNATURE Roan Smith M.D.			

Owen Holm, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed JA. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.